

PREMIUM FINANCE COMPANY BALANCE SHEET

Include this completed balance sheet with your Annual Statement or premium finance company application for licensure.

Report for the year beginning
January 1 through December 31, 20 ____.

When complete, return to: Office of Financial & Insurance Services
Insurance Division
P.O. Box 30220
Lansing, MI 48909-7720

COMPANY INFORMATION

Name of licensee and mailing address (include street address)	Company is organized as: (select only one)
	Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>

ASSETS		LIABILITIES			
1. Cash and bank deposits		1. Notes payable to banks (from schedule C)			
2. Notes receivable		2. Notes payable to others (from schedule D)			
3. Accounts receivable		3. Accounts payable			
4. Life insurance (cash surrender value, do not deduct loans)		4. Taxes due			
5. Securities (Itemized on schedule A)		5. Rent due			
6. Other current assets (Itemize)		6. Loans against life insurance			
7.		7. Accrued expenses			
8. Real estate (Itemized on schedule B)		8. Chattel mortgages			
9. Furniture and fixtures (used in business)		9. Real estate mortgages			
10. Prepaid expenses		10. Reserves (Itemize)			
11. Other assets (Itemize)		11. Other liabilities (Itemize)			
12.		12.			
13.		13.			
14.		14. Total liabilities			
15.		15. Net Worth (if not incorporated)			
16.		16. Capital Stock (if inc. complete table below)			
17.			No. of Shares	Current Market Value	Par Value
		Preferred			
		Common			
18.		17. Surplus			
19. Total Assets		18. Total			

SCHEDULE A – SECURITIES OWNED				
Face value (bonds) No. of shares (stocks)	Description of security	Market value	Income received last year	To whom pledged

SCHEDULE B – REAL ESTATE						
Location, Description and year purchased	Cost	Assessed value	Fire insurance	Present value	Mortgage amount when due	Yearly gross rental income

SCHEDULE C – DUE TO BANKS			
Name of Bank	Collateral	When Due	Amount Due
Total Due To Banks			

SCHEDULE D – DUE TO OTHERS			
Name of Bank	Collateral	When Due	Amount Due
Total Due To Others			

LIFE INSURANCE					
Name of Insurance Company, Policy Number and Issue Date	Beneficiary	To whom policy is assigned	Face amount of policy	Total loans against policy	Total cash surrender value

AFFIDAVIT OF OWNERS OR OFFICERS

Each signer of this document, being duly sworn, states that: I am an owner or officer of the premium finance company named in this balance sheet. I have examined this report, and any attachments that are submitted with it, and they are true, complete and correct to the best of my knowledge and belief.

Signature of Owner/Officer, if Incorporated

Date

Print Name/Title of Owner/Officer

Signature of Co-Owner, if Partnership

Date

Print Name/Title of Co-Owner

State of _____

Subscribed and sworn to me this _____ day of _____, 20____

County of _____

Notary Public

My commission expires: _____

PA 352 of 1968 requires submission of this form to obtain or continue an individual or corporate premium finance company license. Failure to complete and submit this form could result in denial of your application for licensure or renewal of your existing license.

This form is available from our website at: <http://cis.state.mi.us/ofis>

Our toll free telephone number is: 1-877-999-6442